

A 33233

FILED

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APPLICATION FOR REINSTATEMENT FOR LIMITED LIABILITY COMPANY		FLORIDA DEPARTMENT OF STATE Katherine Harris of State CORPORATIONS	
Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company DOCUMENT # A 33233 ALMANY INVESTORS, LTD. 3711 SW 27 STREET MIAMI, FL 33134		1a. Principal Place of Business Address 3711 SW 27 STREET MIAMI, FL 33134	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a			
2. Principal Place of Business 3711 SW 27 STREET Suite, Apt #, etc.		2a. Mailing Address 3711 SW 27 STREET Suite, Apt #, etc.	
City & State 3711 SW 27 ST 33134 USA		City & State MIAMI, FL 33134 USA	
3. Date Organized or Qualified 07-24-1992		3a. State of Formation FLORIDA	
4. FEI Number 45-0366918		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report		6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent ROBERT I. WEISLER 150 WEST FLAGLER SUITE 2200 MIAMI, FL 33130		8. Name and Address of New Registered Agent Name: ALEXANDER MILTON Street Address (P.O. Box Number is Not Acceptable): 3711 SW 27 STREET Suite, Apt #, etc. City: MIAMI FL 33134	
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.			
Signature of Registered Agent: <i>[Signature]</i>		Date: 8/9/99	
10. Title GEN PARTNER	Managing Members/Managers ALMANY GROUP, INC.	Business Street Address 3711 SW 27 ST	City, State & Zip Code MIAMI, FL 33134

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I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager: *[Signature]* Date: 8/9/99 Daytime Phone #: 305-444-8326
 Typed or printed name of signing Managing Member/Manager: HAZARD MILTON - PRES OF ALMANY GROUP, INC.